Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
T	OTAL CLAIMS	3	5					RATE	FEE	]	RATE	FEE	
F	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00	
TO	TAL CHARGE	ABLE CLAIMS	5 minus 20=		• -			· XS 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	4 1	ninus 3 =	1.			X43=		OR	X86=	88	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "O" in column 2							L	TOTAL		OR	TOTAL	810	
17-5-05 CLAIMS AS AMENDED - PART II OTHER THAI													
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA	·	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 5	Minus	- 2	Ö	- /		X\$ 9≖		OR	X\$18=		
	Independent	• 4	Minus	<	7	1.		X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	7	
								TOTAL		OR	TOTAL ADDIT, FEE	′	
	•	AU	DIT. FEE		,	AUU+1. PEE							
ENT B	oflula	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENOMENT B	Total	.5	Minus	- 2	ZO.	· /		X\$ 9=		ORI	X\$18=	./	
	Independent	NTATION OF ML	Minus	***	4	•/	1	X43≈.	·	OR	X86⇒		
	FINST PHESE	NIATION OF ME	ICTIPLE DE	PENDENT	CLAIM			145=		OR	+290=	/	
•								TOTAL		OR .	TOTAL	/	
(Column 1) (Column 2) (Column 3)								DIT. FEE (		ļ <i>j</i>	VOOIT, FEE	•	
EN L	`	CLAIMS REMAINING AFTER AMENDMENT	٠	HIGHE NUMB PREVIOU PAID F	.ST ER USLY	PRESENT EXTRA	Ĺ	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	5	<b>(\$ 9=</b>	·	OR	X\$18=	٧.	
	Independent	•	Minus			•	1	(43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• #	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							145=		OR	+290=		
#	The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, emer "20." This "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL ST. FEE	<u> </u>	OR A	DOTAL DOT. FEE		
.1	he Highest Num	ber Previously Paid	For (Total or	Independen	d) is the	i a, enter "3.", highest number	found i	in the app	ropriate bax	tri cotu	7700 1.		
2014	DRM PTO-675 (Rev. 1003)  Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE												

Application or Docket Number